

# Cold Spring Harbor Fish Hatchery & Aquarium Group Visit Request Form

## CONTACT INFORMATION:

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
School/Organization Name

\_\_\_\_\_  
Grade                      Age                      # Classes

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      State      Zip Code

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Participants:    # Children                      # Adults

## SCHEDULING:

Date requests are limited by availability.

Please list three choices in order of preference (specific date/day of week/week of).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Earliest possible arrival time: \_\_\_\_\_

Latest possible departure time: \_\_\_\_\_

## PROGRAM INFORMATION:

Please list which program(s) you are interested in.

### Hatchery & Aquarium Tours

- |   |  |
|---|--|
| <input type="checkbox"/> Fins & Jaws      | <input type="checkbox"/> General               |
| <input type="checkbox"/> Aquatic Habitats | <input type="checkbox"/> Aquaculture           |
| <input type="checkbox"/> Life Cycles      | <input type="checkbox"/> Hatching Trout        |
| <input type="checkbox"/> Adaptations      | <input type="checkbox"/> Reptiles & Amphibians |

### Seasonal Programs

- |   |   |
|---|---|
| <input type="checkbox"/> Pond Life                            | <input type="checkbox"/> Freshwater Ecology |
| <input type="checkbox"/> Egg Stripping/Trout in the Classroom |   |

## SPECIAL NEEDS:

Do any of your students have a physical or intellectual impairment that we should be aware of?

## ADDITIONAL COMMENTS:

## SUBMIT FORM TO:

E-mail: [krissyf@cshfishhatchery.org](mailto:krissyf@cshfishhatchery.org)

Fax: (516) 692-6769

The education department will contact you to schedule your program.

